

RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2621

In re Application of:

Andrew Friedman

Appln. No.: 10/803,987

Filed: March 19, 2004

For: AUTOMATIC TRACK GENERATION

Docket No. 00169.101880.

Examiner: Asher R. Khan

Group Art Unit: 2621

Confirmation No.: 6907

February 23, 2010

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional claims fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11	MINUS	26	= 0	x \$26 \$52	\$0.00
INDEP. CLAIMS	4	MINUS	6	= 0	x \$110 \$220	\$0.00
Fee for Multiple Dependent claims \$195/\$390						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205 to cover the additional claim fee.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

/Daniel S. Glueck/
Daniel S. Glueck
Attorney for Applicant
Registration No. 37,838

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